



UNITE HERE HEALTH

July 18, 2014

Attorney General Martha Coakley
Office of Attorney General
One Ashburton Place
Boston Ma.02108

Dear Madam Attorney General:

UNITE HERE Health is a Taft-Hartley fund for the hospitality workers Union – UNITE HERE. We are self-funded and cover over 9,000 lives in Massachusetts. We represent working class people, including hotel housekeepers, servers, bartenders, utility stewards and their families. Health Care costs, accessibility, and delivery methods are major concerns for our organization. Every penny that goes into healthcare is a penny that cannot go into wage increases for our members.

We thank you for the work you and your office have done to raise awareness about Health Care Cost Trends and Drivers in Massachusetts, and are proud that you have lead the country on these issues. **However, we have grave concerns about the proposed agreement that would permit Partners Health Care System to acquire the South Shore Hospital and Hallmark Health because we believe it does not go far enough to control health care costs.** Increased consolidation in the market will lead to higher costs and fewer choices for the people of the Commonwealth, including our members.

The proposed settlement must be strengthened in two ways:

- 1. Price transparency. Partners' prices for services should be visible to all.**
- 2. Baseline price reset. The public needs a reduction in the current high prices at Partners before the limits on increases take hold.**

Your 2010, 2011 and 2013 Health Care Cost Trends and Drivers Reports show there is wide variation in costs for the same services between different providers. Many studies have demonstrated that higher costs are not correlated to better clinical outcomes or better hospital safety scores, and further that rising costs are largely responsible for increased health care spending in recent years. Using the Center for Medicare and Medicaid Services' (CMS) Average Covered Charges¹ in 2012 for the 100 most common CMS services by Diagnostic Risk Group (DRG), our office compared the prices charged at Partners Healthcare System-owned

¹ The definition of Average Covered Charges is: "the provider's average charge for services covered by Medicare for all discharges in the DRG."

Massachusetts General Hospital (MGH) and Brigham and Women's Hospital (BWH) with non-Partners facilities: Beth Israel Deaconess (BID), Boston Medical Center (BMC), Tufts Medical Center, Mount Auburn Hospital, Cambridge hospital, and St. Elizabeth's Hospital. **Partners' facilities charge the highest price for every DRG and the cost differences are significant, in some cases more than 3 times higher in the Partners facilities.** For example:

- DRG 460 – Spinal fusion except cervical w/o major complications
 - Mt Auburn - \$35,278.21
 - BMC - \$41,206.45
 - BID - \$42,738.21
 - **BWH - \$88,927.01**
 - **MGH - \$103,805.07**

- DRG 552 – Medical back problems w/o major complications
 - St. Elizabeth's - \$8,443.00
 - BID - \$13,215.41
 - BMC - \$14,466.17
 - **BWH - \$30,991.86**
 - **MGH - \$36,700.00**

- DRG 690 – Kidney and urinary tract infections w/o major complications
 - St. Elizabeth's - \$7,780.46
 - BMC - \$10,052.46
 - BID - \$10,537.02
 - **BWH - \$28,536.01**
 - **MGH - \$30,747.83**

Please see the attached spreadsheet for a comparison of the CMS Average Covered Charges for each facility for all 100 DRG's.

The reason for the excessive prices charged by Partners can be summed up in three words: excess market power. Partners exercises near-monopoly power in several quaternary service lines and geographies. We believe that the proposed agreement, by attempting to limit annual price increases to the general rate of inflation, is a step in the right direction. Unfortunately, it begins the process with current prices that have already risen to extreme levels. **It would be a mistake to institutionalize unparalleled high prices as an acceptable base level.**

While separate bargaining and contracting may allow for movement in pricing at some of the community hospitals, it does not address the stream of patients with more complex, and therefore more costly, conditions who will be transferred and referred into the higher cost core Partners facilities. Indeed, one of Partners' purposes of these acquisitions is to strengthen their hold on the physician practices and community hospitals that provide less intensive services than the Academic Medical Centers and that feed BWH and MGH. Partners Health Care

System has a monopoly in the Lynn area, and the Hallmark acquisition will increase their market share north of Boston. The acquisition of South Shore Hospital will create market dominance south of Boston too.

For decades, Federal and state governments have ignored the anti-trust implications of health care consolidation. That trend has begun to shift. Courts are paying closer attention to the differences between health care and other industries. The FTC has successfully challenged provider mergers in Illinois and Ohio, with a similar case moving in Idaho, among others. But the policy shift has come too late for Massachusetts. Unrestrained provider consolidation has led to the highest per capita health care costs in the nation.

Massachusetts led the nation in reducing the plague of uninsurance. We are proud that the federal government used our system as a template for national reform. **However, if insurance expansion is accompanied by runaway monopoly pricing, the successes of state and federal reform will not be sustainable.** It is time to intervene to allow market competition to properly adjust health care prices in Massachusetts.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Mokos', with a long horizontal flourish extending to the right.

Joseph Mokos
Regional Healthcare Delivery Director

2012 CMS Average Covered Charges Comparison for Boston Area Hospitals

| Procedure | BETH ISRAEL | BMC | Cambridge H.A. | M. Auburn | STEPHENS | Tufts | Br & Wom | Mass General |
|--|--------------|-------------|----------------|-------------|-------------|--------------|--------------|--------------|
| 039 - EXTRACRANIAL PROCEDURES W/O CC/MCC | \$17,089.83 | | | | | \$23,862.00 | \$54,057.74 | \$49,953.27 |
| 057 - DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | \$25,466.70 | \$9,767.95 | \$11,364.09 | \$12,180.24 | \$17,494.75 | \$32,873.31 | \$38,599.94 | \$44,710.88 |
| 064 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | \$38,519.44 | \$47,276.58 | | \$20,003.20 | \$16,231.83 | \$45,969.63 | \$77,314.22 | \$72,414.34 |
| 065 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC | \$21,642.27 | \$22,487.95 | | \$16,427.06 | \$14,328.27 | \$23,133.06 | \$51,722.41 | \$50,184.53 |
| 066 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | \$20,319.29 | \$20,233.36 | \$15,338.64 | \$16,848.96 | \$11,943.83 | \$17,900.41 | \$41,023.58 | \$39,178.87 |
| 069 - TRANSIENT ISCHEMIA | \$16,569.75 | \$15,596.26 | \$12,280.69 | \$15,117.62 | | \$14,857.47 | \$38,055.78 | \$41,887.13 |
| 074 - CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | \$13,931.33 | \$15,156.00 | | | \$12,167.57 | | \$47,194.85 | \$38,756.27 |
| 101 - SEIZURES W/O MCC | \$27,360.75 | \$12,249.19 | \$12,225.75 | \$14,171.71 | \$10,250.08 | \$14,117.44 | \$29,556.59 | \$37,486.69 |
| 149 - DYSEQUILIBRIUM | \$17,983.20 | \$11,480.78 | \$9,496.65 | \$10,428.07 | \$7,183.53 | \$12,061.54 | \$30,257.53 | \$29,706.62 |
| 176 - PULMONARY EMBOLISM W/O MCC | \$14,133.83 | \$15,117.54 | \$17,175.42 | \$15,685.35 | | \$13,574.00 | \$32,562.34 | \$34,434.86 |
| 177 - RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | \$31,014.08 | \$26,190.31 | | \$22,729.16 | \$20,984.81 | \$26,536.77 | \$63,506.02 | \$76,697.27 |
| 178 - RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | \$21,435.02 | \$17,800.21 | \$13,657.70 | \$14,121.69 | \$14,129.73 | \$20,790.88 | \$48,993.24 | \$44,162.05 |
| 189 - PULMONARY EDEMA & RESPIRATORY FAILURE | \$21,036.62 | \$18,674.87 | \$14,437.20 | \$20,096.45 | \$23,797.36 | | \$57,538.50 | \$62,975.96 |
| 190 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | \$14,407.14 | \$12,634.69 | \$15,754.61 | \$12,946.10 | \$14,314.97 | \$15,302.98 | \$31,689.71 | \$46,518.96 |
| 191 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | \$11,699.60 | \$9,503.76 | \$11,990.80 | \$11,523.46 | \$9,178.88 | \$11,068.84 | \$28,536.21 | \$31,564.09 |
| 192 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | \$10,118.23 | \$7,152.48 | \$10,865.95 | \$10,432.32 | \$6,612.08 | \$9,647.58 | \$27,741.97 | \$27,789.47 |
| 193 - SIMPLE PNEUMONIA & PLEURISY W MCC | \$21,794.10 | \$18,460.49 | \$23,506.97 | \$18,510.54 | \$19,746.03 | \$30,372.69 | \$82,348.40 | \$84,090.23 |
| 194 - SIMPLE PNEUMONIA & PLEURISY W CC | \$14,317.97 | \$12,459.38 | \$14,935.27 | \$11,382.09 | \$9,318.21 | \$14,228.58 | \$30,723.18 | \$31,490.70 |
| 195 - SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | \$9,968.66 | \$8,072.36 | \$11,177.38 | \$9,729.23 | \$7,736.88 | \$8,301.93 | \$19,419.87 | \$23,685.16 |
| 202 - BRONCHITIS & ASTHMA W CC/MCC | \$14,957.41 | \$9,386.54 | \$10,668.54 | \$10,738.71 | \$9,751.38 | | \$36,287.27 | \$30,051.17 |
| 207 - RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | \$125,465.71 | \$89,824.53 | | \$56,535.05 | | \$145,379.50 | \$241,789.11 | \$230,147.18 |
| 208 - RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS | \$42,644.63 | \$36,869.87 | \$24,321.14 | \$36,882.18 | \$26,586.25 | \$62,471.00 | \$85,727.91 | \$82,270.70 |
| 238 - MAJOR CARDIOVASC PROCEDURES W/O MCC | \$55,384.56 | \$46,679.19 | | \$41,522.00 | \$50,700.62 | \$68,546.19 | \$108,090.21 | \$114,861.24 |
| 243 - PERMANENT CARDIAC PACEMAKER IMPLANT W CC | \$32,805.36 | \$24,964.04 | | \$40,497.72 | \$65,148.48 | \$48,594.25 | \$70,308.13 | \$67,321.29 |
| 244 - PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | \$26,155.62 | | | | | \$44,670.64 | \$58,303.23 | \$42,960.76 |
| 246 - PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS | \$55,640.29 | \$53,973.58 | | \$58,043.75 | \$64,552.29 | \$49,572.05 | \$134,080.02 | \$96,974.46 |
| 247 - PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC | \$30,144.92 | \$40,653.15 | | \$51,285.33 | \$50,683.38 | \$37,886.07 | \$68,911.22 | \$67,588.63 |
| 249 - PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC | \$31,976.48 | \$38,648.43 | | \$46,657.24 | \$43,569.60 | \$38,918.68 | \$70,908.81 | \$74,799.95 |
| 251 - PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | \$41,864.57 | \$35,371.42 | | | \$45,620.88 | \$43,822.27 | \$103,519.42 | \$83,335.69 |
| 252 - OTHER VASCULAR PROCEDURES W MCC | \$67,635.24 | \$37,801.00 | | | \$39,265.67 | \$43,274.00 | \$115,496.00 | \$127,621.36 |
| 253 - OTHER VASCULAR PROCEDURES W CC | \$47,767.11 | \$41,284.11 | | | \$46,238.50 | \$50,903.30 | \$103,430.79 | \$88,833.38 |
| 254 - OTHER VASCULAR PROCEDURES W/O CC/MCC | \$38,455.33 | \$43,058.08 | | \$21,458.72 | \$32,807.82 | \$34,327.95 | \$68,852.27 | \$62,435.42 |
| 280 - ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | \$29,199.97 | \$31,629.68 | \$26,279.43 | \$21,664.67 | \$26,714.48 | \$38,133.84 | \$67,132.62 | \$54,873.04 |
| 281 - ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | \$17,970.62 | \$14,316.76 | \$12,607.55 | \$15,896.63 | \$13,478.12 | \$15,417.88 | \$36,322.00 | \$36,975.54 |
| 282 - ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | \$16,744.43 | | \$8,273.47 | | | | | \$30,664.53 |
| 286 - CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | \$45,206.67 | \$45,579.07 | | | \$32,876.27 | \$65,563.91 | \$103,594.93 | \$83,126.86 |
| 287 - CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | \$23,681.40 | \$28,072.98 | | \$19,421.07 | \$20,446.29 | \$24,701.90 | \$51,905.78 | \$45,023.13 |
| 291 - HEART FAILURE & SHOCK W MCC | \$28,871.29 | \$24,885.43 | \$20,731.39 | \$20,061.52 | \$18,504.27 | \$26,691.89 | \$52,266.05 | \$53,221.53 |
| 292 - HEART FAILURE & SHOCK W CC | \$16,345.20 | \$14,500.59 | \$14,017.86 | \$12,729.34 | \$11,945.18 | \$14,696.65 | \$36,996.32 | \$35,168.10 |
| 293 - HEART FAILURE & SHOCK W/O CC/MCC | \$11,900.19 | \$9,849.73 | \$9,379.62 | \$11,325.17 | \$8,674.00 | \$9,566.85 | \$25,944.30 | \$27,193.91 |
| 300 - PERIPHERAL VASCULAR DISORDERS W CC | \$18,411.62 | \$13,117.04 | \$10,936.06 | \$10,977.73 | \$13,621.87 | \$13,450.04 | \$32,745.46 | \$34,266.71 |
| 301 - PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | \$18,217.94 | | | | | | \$19,259.94 | \$12,973.67 |
| 303 - ATHEROSCLEROSIS W/O MCC | \$11,226.38 | | \$10,872.33 | \$11,591.25 | \$7,100.46 | \$21,563.80 | \$22,952.00 | \$21,042.40 |
| 305 - HYPERTENSION W/O MCC | | \$8,157.71 | | | | \$15,588.11 | \$22,947.74 | \$28,176.48 |
| 308 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | \$22,348.23 | \$18,084.81 | \$12,885.52 | \$15,258.29 | \$13,275.91 | \$24,773.07 | \$48,504.69 | \$54,162.21 |
| 309 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | \$12,825.40 | \$9,785.38 | \$10,373.07 | \$13,021.75 | \$9,260.84 | \$12,703.38 | \$27,183.42 | \$25,395.04 |
| 310 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | \$7,036.56 | \$8,446.00 | \$8,107.97 | \$9,461.33 | \$6,103.76 | \$9,710.69 | \$16,269.37 | \$19,396.21 |
| 312 - SYNCOPE & COLLAPSE | \$11,998.13 | \$9,473.74 | \$9,433.50 | \$12,281.10 | \$7,567.03 | \$10,294.14 | \$27,695.23 | \$33,527.87 |
| 313 - CHEST PAIN | \$16,952.85 | \$9,065.00 | \$9,067.81 | \$12,085.20 | \$7,077.86 | \$10,932.40 | \$25,732.43 | \$27,006.16 |
| 314 - OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | \$36,096.89 | \$25,531.18 | \$24,431.36 | \$25,989.90 | \$34,718.20 | \$40,061.91 | \$64,160.28 | \$64,147.69 |

2012 CMS Average Covered Charges Comparison for Boston Area Hospitals

| Procedure | BETH ISRAEL | BMC | Campden Hill | MT Auburn | ST ELIZABETH'S | TJHS | Br & Wom | Mass General |
|--|--------------|--------------|--------------|-------------|----------------|--------------|--------------|--------------|
| 315 - OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | \$19,760.83 | \$15,085.04 | | \$12,695.86 | \$11,292.71 | \$27,350.09 | \$32,186.84 | \$38,452.48 |
| 329 - MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | \$71,797.75 | \$80,192.21 | | \$62,747.69 | | \$118,524.87 | \$131,915.66 | \$147,326.51 |
| 330 - MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | \$37,185.41 | \$35,763.26 | | \$26,161.82 | \$29,487.87 | \$45,529.91 | \$30,740.16 | \$30,083.25 |
| 331 - MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | \$21,371.91 | | | | \$26,431.08 | | \$31,819.67 | \$50,751.16 |
| 371 - MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | \$31,312.76 | \$27,934.96 | | \$20,520.45 | | | \$70,286.23 | \$84,058.88 |
| 372 - MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | \$19,954.31 | \$12,755.89 | \$13,998.25 | \$18,721.81 | | \$15,952.88 | \$37,493.00 | \$14,754.05 |
| 377 - G.I. HEMORRHAGE W MCC | \$39,268.02 | \$30,648.88 | | \$30,463.12 | \$20,205.60 | \$34,617.85 | \$77,723.48 | \$83,798.60 |
| 378 - G.I. HEMORRHAGE W CC | \$22,057.86 | \$17,561.58 | \$17,823.44 | \$14,827.36 | \$14,099.29 | \$24,612.89 | \$39,724.12 | \$37,150.78 |
| 379 - G.I. HEMORRHAGE W/O CC/MCC | | | \$11,349.00 | \$9,861.95 | | | \$24,234.43 | \$26,621.40 |
| 389 - G.I. OBSTRUCTION W CC | \$15,023.82 | \$13,423.52 | \$12,988.63 | \$8,576.29 | \$12,990.55 | \$16,125.27 | \$30,074.91 | \$37,540.08 |
| 390 - G.I. OBSTRUCTION W/O CC/MCC | \$8,251.61 | \$11,431.45 | \$11,066.12 | \$7,614.67 | | | \$24,669.98 | \$23,386.31 |
| 391 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | \$23,617.23 | \$15,892.44 | | \$14,376.54 | \$16,920.53 | \$14,593.53 | \$40,006.73 | \$53,016.21 |
| 392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | \$12,100.05 | \$11,083.26 | \$11,403.44 | \$10,266.05 | \$8,003.41 | \$12,729.84 | \$28,319.32 | \$30,213.09 |
| 394 - OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | \$14,386.37 | \$12,948.65 | \$14,726.77 | \$13,514.04 | \$10,185.00 | \$14,146.89 | \$33,409.17 | \$34,109.68 |
| 418 - LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | \$29,754.93 | | | | | | \$71,534.79 | \$48,183.24 |
| 439 - DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | \$15,753.36 | \$12,480.67 | \$15,539.00 | \$15,833.08 | | | \$34,848.43 | \$30,343.74 |
| 460 - SPINAL FUSION EXCEPT CERVICAL W/O MCC | \$42,738.21 | \$41,206.45 | | \$35,278.21 | \$52,565.43 | \$52,398.83 | \$88,927.01 | \$103,805.07 |
| 469 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC | \$43,092.35 | | | \$39,926.25 | | \$67,758.41 | \$122,526.33 | \$95,169.89 |
| 470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | \$28,358.76 | \$27,822.39 | \$32,765.56 | \$19,084.07 | \$29,700.21 | \$40,403.88 | \$65,072.66 | \$55,362.43 |
| 473 - CERVICAL SPINAL FUSION W/O CC/MCC | \$26,768.42 | | | | | \$39,275.82 | \$81,057.05 | \$87,162.03 |
| 480 - HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | \$54,097.78 | \$71,228.08 | | \$41,967.07 | | \$78,625.09 | \$109,323.29 | \$110,472.73 |
| 481 - HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | \$32,884.29 | \$30,976.22 | \$28,095.32 | \$22,688.65 | \$24,922.91 | \$46,074.85 | \$81,254.61 | \$67,663.46 |
| 482 - HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | \$25,291.77 | | | \$18,402.36 | | | \$65,838.16 | \$50,802.55 |
| 491 - BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | \$16,565.91 | \$17,293.76 | | | \$19,636.65 | \$24,295.29 | \$57,433.47 | \$51,539.58 |
| 536 - FRACTURES OF HIP & PELVIS W/O MCC | \$14,396.90 | \$13,392.09 | | \$11,647.87 | | | | \$26,949.52 |
| 552 - MEDICAL BACK PROBLEMS W/O MCC | \$13,215.41 | \$14,466.17 | \$10,124.00 | \$13,699.02 | \$8,443.00 | \$15,368.43 | \$30,991.86 | \$36,700.00 |
| 563 - FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | \$12,633.11 | \$11,794.19 | \$11,417.26 | \$12,123.75 | \$8,095.81 | \$13,492.73 | \$26,786.81 | \$30,768.56 |
| 602 - CELLULITIS W MCC | \$26,230.93 | \$12,357.42 | | | | \$34,446.31 | \$33,425.08 | \$47,372.38 |
| 603 - CELLULITIS W/O MCC | \$11,093.58 | \$9,474.20 | \$9,573.16 | \$9,500.41 | \$6,416.96 | \$11,344.21 | \$25,471.02 | \$29,322.05 |
| 638 - DIABETES W CC | \$16,697.71 | \$11,787.09 | \$10,548.28 | \$14,137.14 | \$8,173.88 | \$11,451.29 | \$23,328.61 | \$41,216.34 |
| 640 - MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC | \$22,899.66 | \$17,190.85 | \$13,407.12 | \$12,191.23 | \$9,791.39 | \$12,276.05 | \$47,517.35 | \$56,559.93 |
| 641 - MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC | \$11,206.12 | \$10,407.37 | \$9,322.49 | \$8,713.61 | \$8,417.56 | \$11,346.80 | \$29,541.95 | \$29,682.53 |
| 682 - RENAL FAILURE W MCC | \$21,487.60 | \$19,662.00 | \$14,348.87 | \$14,684.04 | \$18,987.70 | \$34,961.20 | \$57,118.53 | \$63,076.29 |
| 683 - RENAL FAILURE W CC | \$14,932.90 | \$11,626.58 | \$11,179.93 | \$13,209.71 | \$11,123.72 | \$13,858.85 | \$31,275.52 | \$34,342.91 |
| 684 - RENAL FAILURE W/O CC/MCC | \$10,890.63 | | \$10,542.61 | | | | \$16,638.27 | \$26,769.28 |
| 689 - KIDNEY & URINARY TRACT INFECTIONS W MCC | \$16,443.02 | \$9,746.10 | \$14,751.82 | \$13,727.10 | \$13,040.47 | \$20,250.87 | \$45,220.87 | \$49,404.67 |
| 690 - KIDNEY & URINARY TRACT INFECTIONS W/O MCC | \$10,537.02 | \$10,052.46 | \$10,745.13 | \$10,886.55 | \$7,780.46 | \$13,504.94 | \$28,538.01 | \$30,747.83 |
| 698 - OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | \$28,645.43 | \$23,925.42 | | | | \$41,315.40 | \$59,088.52 | \$60,519.95 |
| 699 - OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | \$14,788.77 | \$16,676.47 | | \$13,048.74 | \$7,746.86 | \$15,010.19 | \$35,260.51 | \$38,460.04 |
| 811 - RED BLOOD CELL DISORDERS W MCC | \$33,632.62 | \$19,351.47 | | | \$12,980.38 | \$18,123.24 | \$43,809.00 | \$57,168.29 |
| 812 - RED BLOOD CELL DISORDERS W/O MCC | \$13,663.10 | \$11,425.93 | \$9,593.92 | \$10,539.13 | \$6,619.69 | \$18,428.73 | \$30,557.20 | \$27,652.59 |
| 853 - INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | \$95,241.17 | \$96,323.60 | | | \$84,513.56 | \$142,990.92 | \$236,210.43 | \$216,265.27 |
| 870 - SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS | \$124,526.51 | \$112,870.12 | | | \$70,968.16 | \$148,468.53 | \$224,889.20 | \$187,921.06 |
| 871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC | \$36,490.44 | \$30,807.69 | \$25,155.28 | \$27,023.64 | \$22,269.71 | \$36,669.85 | \$79,905.18 | \$72,714.79 |
| 872 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC | \$19,380.33 | \$16,066.78 | \$17,784.23 | \$22,924.43 | \$13,706.22 | \$19,610.13 | \$38,738.46 | \$37,964.46 |
| 885 - PSYCHOSES | \$19,328.70 | | | | | | \$20,930.31 | \$50,815.58 |

2012 CMS Average Covered Charges Comparison for Boston Area Hospitals

| Procedure | BETH ISRAEL | BMC | Cambridge H A | Mc Auburn | ST ELIZABETH'S | TUfts | Br & Wom | Mass General |
|---|-------------|-------------|---------------|-------------|----------------|-------------|-------------|--------------|
| 897 - ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | \$15,239.04 | \$12,111.14 | \$10,218.15 | \$12,063.95 | \$6,348.78 | \$22,197.29 | \$30,464.82 | \$35,110.24 |
| 917 - POISONING & TOXIC EFFECTS OF DRUGS W MCC | \$21,545.26 | \$26,117.47 | | | | | \$60,103.12 | \$66,935.83 |
| 918 - POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | \$12,008.00 | \$10,977.60 | \$9,240.86 | \$10,694.29 | \$7,269.21 | \$13,936.42 | \$26,993.33 | \$28,474.79 |
| 948 - SIGNS & SYMPTOMS W/O MCC | \$12,651.15 | \$8,661.00 | \$8,260.00 | \$10,276.72 | \$7,876.53 | \$14,848.22 | \$32,268.32 | \$30,611.23 |

From:

07/18/2014 09:27

#067 P.006/006